PTO/SB/122 (01-06)

10/821,785

04-08-2004

Robert Luciano

Approved for use through 12/3/2008 OMIROSE-1008
U.S. Patent and Trademark Office; U.S. Disparation for use through 12/3/2008 OMIROSE-1008
U.S. Patent and Trademark Office; U.S. Disparation for use through 12/3/2008 OMIROSE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unitests. Idigalays a valid OMB control number.

CHANGE OF

CORRESPONDENCE ADDRESS

Application

Application Number

First Named Inventor

Filing Date

Address to: Commissioner for Patents P.O. Box 1450	Art Unit	3714						
	Examiner Name	PEZZUTO, ROBERT ERIC						
Alexandria, VA 22313-1450	Attorney Docket Number	SDG 04.002 UTL						
Please change the Correspondence Address for the above-identified patent application to:								
The address associated with Customer Number:	00048008]						
OR								
Firm or Individual Name Michael A. Kerr								
Virtual Legal, P.C. Address P.O. Box 22028								
City Carson City	State NV	Zip 89 7 2 1						
Country USA								
Telephone 775-841-3388 Email mick@invent.net								
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).								
I am the:								
Applicant/Inventor								
Assignee of record of the entire interest. Statement under 37 CFR 3,73(b) is enclosed. (Form PTO/SB/96).								
Attorney or agent of record. Registration Number 42,722								
Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number								
Signature The House								
Typed or Printed Name Michael A. Kerr								
Date June 2€. 2007	Telephone 775-841-3388							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below."								
*Total offorms are submitted.								

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO process) an application Confidentiality is governed by 58 U.S. C. 122 and 75 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of this may or require to complete this form and/or suggestions for reducing this burden, should be sent to the Crief Information Office. In 3. Plant and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, V.A. 22313-1450.

PTO/SB/21 (04-07)

Linder the Pan	erwork Reduction Act of 1995	no person	U.S. s are required to respond to a co	Patent and Ti	ademark	Office: U	S. DEPARTMENT OF COMMERCE displays a valid OMB control number.	
	CIWOTA I COOCCIONI I INC. OF 1000	. no poroun	Application Number	10/821,785				
TRANSMITTAL		Filing Date	04-08-200-	04-08-2004				
	FORM		First Named Inventor	Robert Luc	iano	0		
			Art Unit	3714				
(to be used for all correspondence after initial filing)		Examiner Name	PEZZUTO	PEZZUTO, ROBERT ERIC				
		Attorney Docket Number	SDG 04.00	SDG 04:002 UTL				
Total Number of Pages in This Submission								
		ENC	LOSURES (Check at	I that apply) 	After A	llowance Communication to TC	
Fee Trans	mittal Form		Drawing(s)			Ailei A	nowarios communication to 10	
☐ Fe	ee Attached		Licensing-related Papers				Communication to Board eals and Interferences	
			Petition			Appea	Communication to TC	
	Amendment/Reply Petition Petition to Convert to a		H		I Notice, Brief, Reply Brief)			
A	After Final Provisional Application Power of Attorney, Revocation				H	Proprie	etary Information	
L A1	fidavits/declaration(s)		Change of Correspondence		닏	Status		
Extension	of Time Request		Terminal Disclaimer			below)	Enclosure(s) (please Identify :	
Express A	Abandonment Request		Request for Refund					
	on Disclosure Statement	IFI	CD. Number of CD(s)		1			
L informatio	on Disclosure Statement	۱۳,			1			
Landscape Table on CD								
Certified Copy of Priority Document(s) Remarks								
Reply to Missing Parts/								
Incomplete Application Reply to Missing Parts								
Ll ur	nder 37 CFR 1.52 or 1.53	1						
	SIGNA	TURE	OF APPLICANT, ATT	DRNEY, C	OR AG	ENT		
Firm Name	Virtual Legal, P.C.							
Signature MaL								
Printed name Michael A. Kerr								
Date	Date June 20, 2007		Reg. No.	42,722				
	CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:								
Signature Sarah Paus on y								
Typed or printed	C					Date	July 7, 2007	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or train a benefit by the public which is to file (and by the USPTO) to mooses) an application. Condiscinating is a generated by 3 USC 1.22 and 37 CFR 1.1 and 1.4. This collection is stainmented to 2 hours to comprehe including opthering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer (J. P. Setent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 22313-1450.